

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	2					
7	2					
8	2					
9	5					
10	6					
11	7					
12	1					
13	1					
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS